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CONFIRMATION NO. 6671

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|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>10/600,298 | FILING DATE<br>06/20/2003<br><br>RULE | CLASS<br>128 | GROUP ART UNIT<br>3743 | ATTORNEY<br>DOCKET NO.<br>016355-002580US |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/912,067 07/23/2001 PAT 6,684,884  
 which is a CON of 09/592,123 06/12/2000 PAT 6,526,979  
 which is a CON of 09/324,078 06/01/1999 PAT 6,634,361  
 which is a CIP of 09/093,835 06/08/1998 PAT 6,705,323  
 which claims benefit of 60/059,861 09/24/1997  
 and is a CIP of 08/475,252 06/07/1995 ABN

verified

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 08/26/2003

|   |          |         |        |             |
|---|----------|---------|--------|-------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and Acknowledged<br>Examiner's Signature  Initials   | CA       | 15      | 26     | 16          |

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## TITLE

Contraceptive transcervical fallopian tube occlusion devices and methods

☐ All Fees

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|--|--|---|
| <p>FILING FEE</p> <p>RECEIVED<br/>1672</p> | <p>FEES: Authority has been given in Paper<br/>No. _____ to charge/credit DEPOSIT ACCOUNT<br/>No. _____ for following:</p> | <p><input type="checkbox"/> 1.16 Fees ( Filing )</p> <p><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br/>time )</p> <p><input type="checkbox"/> 1.18 Fees ( Issue )</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit</p> |
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